Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
F	OTAL CLAIMS		(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
F(	DR 		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=		• 0			XS 9=		- OR	X\$18=	
INI	DEPENDENT C	LAIMS	m	inus 3 =	•	0		X43=	_	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				•	+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than z	zero, enter "0" in column 2				TOTAL	386	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	XS18=	
AME	Independent	*	Minus	***	<del></del>	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JETIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
		L	TOTAL		<b> </b> '	TOTAL						
(Column 1) (Column 2) (Column 3)								DDIT. FEE	L	<b>]</b> On ,	ADDIT. FEE	
_		CLAIMS		HIGHE	ST	(Column 3)	lг		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
MON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
\ME	Inaependent	*	Minus	***		=		X43=		OR	X86=	·
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		· · · · ·
		•					L	+145=		OR	+290=	
•	•	,		;		•	A	TOTAL DDIT. FEE	•	OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Columi		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	= .	Γ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	—— <del>`</del>	OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OP.	TOTAL	
***1	f the "Highest Nur	mber Previously Paid ber Previously Paid	id For" IN THIS	S SPACE is I	ess than	3. enter "3."		DIT. FEE L d in the app	ropriate box	- 4	DDIT. FEE <b>L</b> IMN 1.	